

Name in Full		Howard Edgar Arter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died near	Town	Paweytown		County	Carroll	
	Date of death		Month	Day	Years	Months	Days
	1906		May	20	Age 13	11	3
	Sex	Male		Color or Race	white		
	Occupation	Laborer		Where Residing if not at place of death	Deep Run - Myers District Carroll Co. Md.		
	Married, Single or Widowed	Single		Name of Wife or Husband	—		
	Father's Name	Noah N. Arter				Father's Birthplace	Deep Run Carroll Co. Md.
Mother's Maiden Name	Martha A. Myers				Mother's Birthplace	Pipe Creek Carroll Co. Md.	
Name of person giving information	Noah A. Arter				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid Pneumonia - ①				How long	3 weeks
	Immediate	Collapse due to Intestinal Hemorrhage				How long	12 hours -
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	C. M. Beimer, M.D.	
					Address	Paweytown, Md.	
	Accident or Suicide?						



Name  
in  
Full

Martha A Barton

No 21  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Town *Westminster* County *Carroll* MARYLAND

Died at *Westminster*

Date of death *1906* Month *May* Day *23* Age *77* Years Months *9* Days *6*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Widow* Name of ~~Widow~~ Husband *Samuel S Barton*

Father's Name *John M Hurtt* Father's Birthplace *Ind*

Mother's Maiden Name *Elizabeth C Hurtt* Mother's Birthplace *Ind*

Name of person giving information *Family Record* How related to deceased \_\_\_\_\_

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

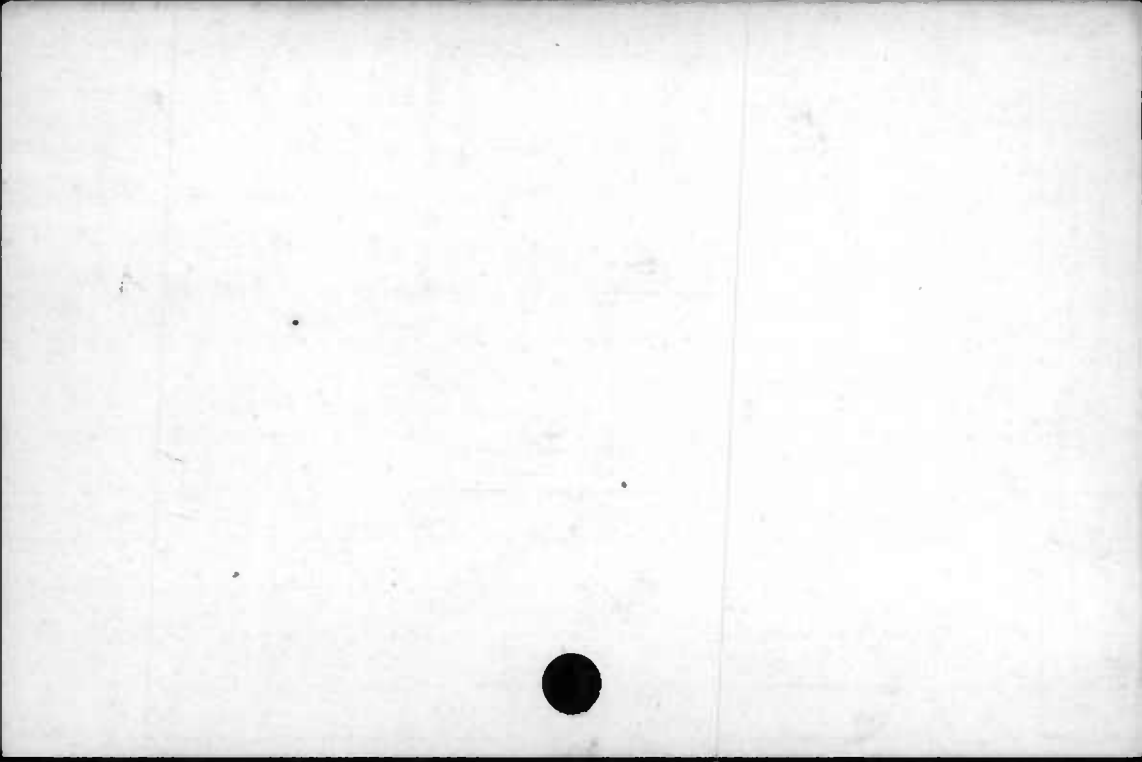
Primary *Old age* How long *A few days*

Immediate *Congestion of the* How long *" "*

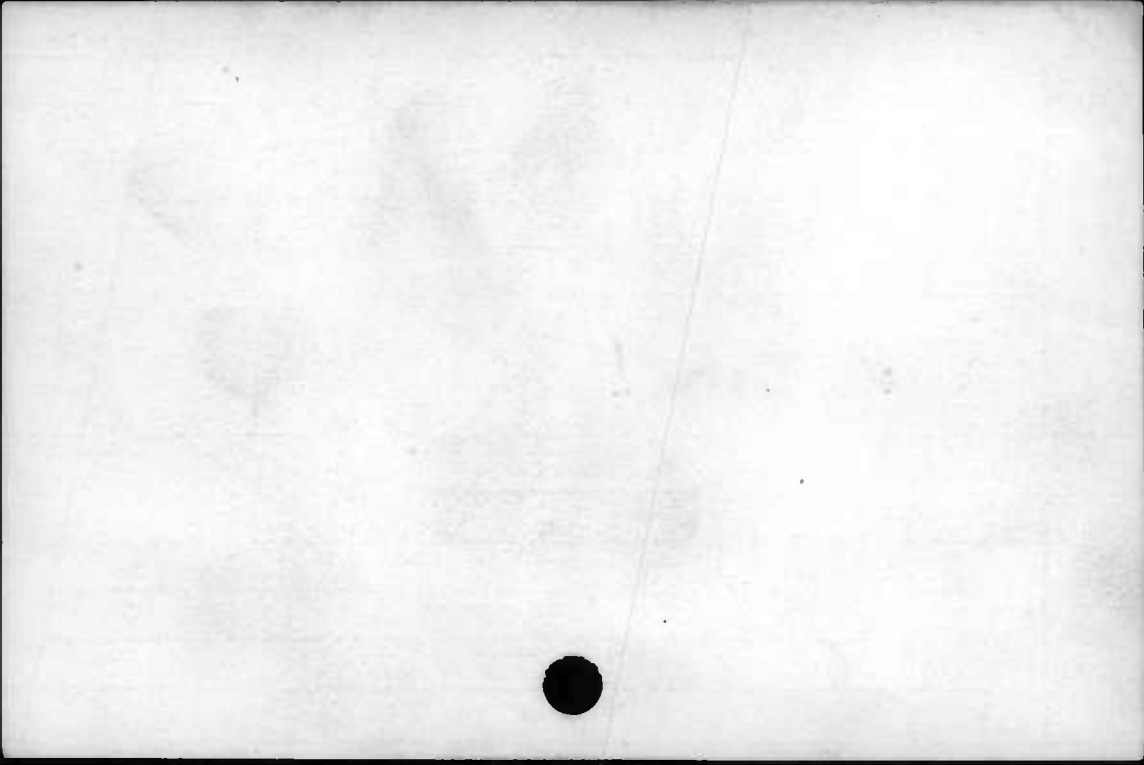
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Jas. H. Billingslee M.D.*

Address *Westminster Md.*

Accident or Suicide? *No*



Name in Full		Charles William Bauff				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Springfield Hospital - Sykesville, Carroll		County Maryland		
	Date of death	1906	Month 5 <sup>th</sup>	Day 24 <sup>th</sup>	Age 52	Years	
	Sex	Male		Color or Race	White		
	Occupation	Baker		Where Residing if not at place of death	Birth-place West Virginia		
	Married, Single or Widowed	Married		Name of Wife or Husband	?		
	Father's Name	?		Father's Birthplace	Germany		
	Mother's Maiden Name	?		Mother's Birthplace	Germany		
Name of person giving In formation	Hospital Records				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Acute Delirious Mania		(68)		
	Immediate		Exhaustion		How long 10 days		
	Are the name, age, sex, color, date and place correctly given above?		To best		Signature of Physician		
	Of my knowledge		Address		W. Henry Fisher M.D. Sykesville Md.		
	Accident or Suicide?						



Name  
in  
Full

Win H. Bell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Garnier		County Burrill		MARYLAND	
Date of death	1906	Month May	Day 2	Age	61	Years 7	Months 18
Sex	male		Color or Race	White		Birth- place	Md
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Spinal disease	How long	1 yr
Immediate	Paralysis	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. J. N. Goodrich
yes		Address	Garnier Md
Accident or Suicide?			

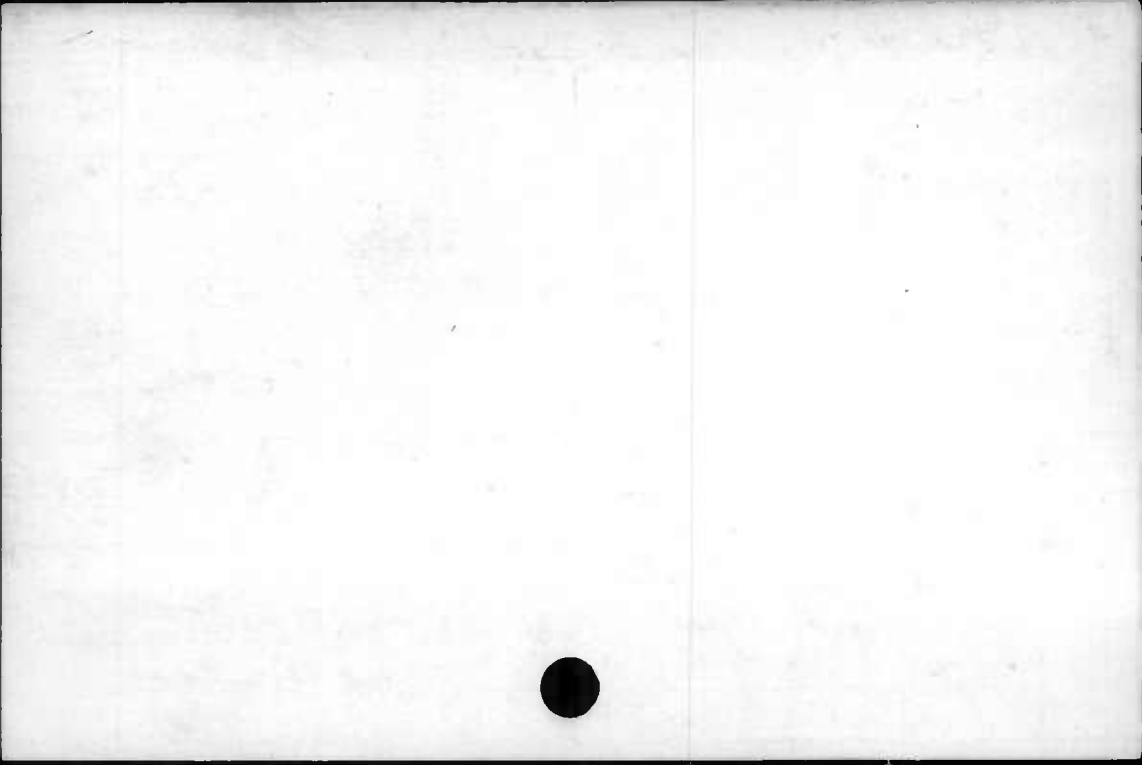
Providence



Name in Full		Elysa Ann Bish				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Pleasant Valley	County Seamont		MARYLAND	
	Date of death	1906	Month May	Day 17	Age Years 74	Months 3	Days 4
	Sex	Female		Color or Race	White		Birth- place
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		A. Peter Bish				
PHYSICIAN OR CORONER	Mother's Maiden Name		Father's Birthplace		Mother's Birthplace		
	Name of person giving Information		A. Peter Bish		How related to deceased		Husband
	CAUSES OF DEATH						
	Primary		Organic Heart Disease			How long	
Immediate					How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. J. Stewart			
		Address		Union Mills Md.			
Accident or Suicide?							



Name in Full		Nelson Boyd.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	near Taneytown		Carroll		MARYLAND	
	Date of death	1906	May	22	Age	about 64	no record
	Sex	male		Color or Race	white		
	Occupation	Retired		Where Residing if not at place of death	with son-in-law		
	Married, Single or Widowed	widower		Name of Wife or Husband	Levina Babylon		
	Father's Name	John Boyd.		Father's Birthplace	Md. C. Md.		
PHYSICIAN OR CORONER	Mother's Maiden Name	Annal Smith.		Mother's Birthplace	Md. C. Md.		
	Name of person giving information	James Boyd		How related to deceased	Brother		
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Gunshot wound of heart.			How long	Instantly.	
	Immediate	Heart. Lung			How long	Instantly.	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	J. A. Davis, M.D.	
	Address	Taneytown, Md.					
	Swindle Suicide?	Suicide					



Name in Full		Mary Elizabeth Brightfull				CERTIFICATE OF DEATH	
Died at		New Windsor Carroll County				MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Date of death	1906	Month May	Day 27	Age 76	Months	Days
	Sex	Female		Color or Race	Color	Birth-place	Md
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	M.		Name of Wife or Husband Billie Brightfull			
	Father's Name	Joseph Parker				Father's Birthplace	Md
	Mother's Maiden Name	Rachel Jackson				Mother's Birthplace	Md
	Name of person giving information	Billie Brightfull				How related to deceased	Husband
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cardiac disease				How long	(19)
	Immediate	Cardiac Dilatation				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Dr. J. M. E. Whitehill		
					Address New Windsor Md		
Accident or Suicide?							



Name  
in  
Full

Mary E J Caple

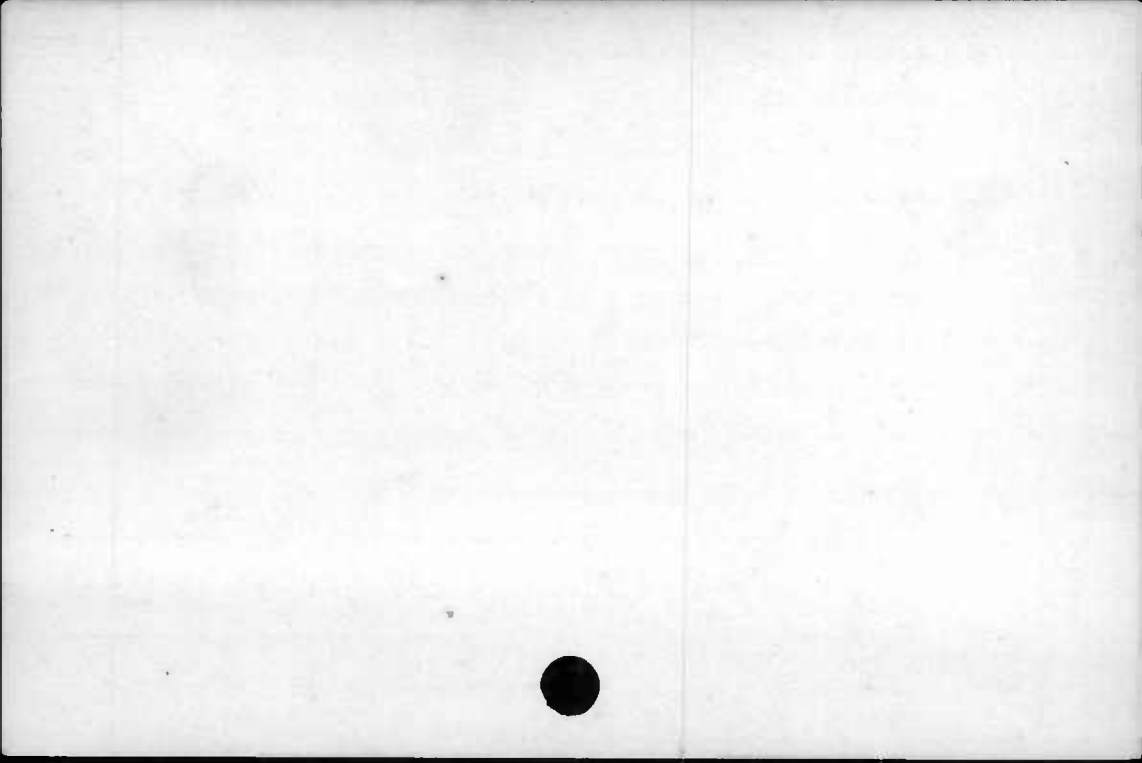
No 22  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shufly</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1906	Month	May	Day	23
Age	2	Years	2	Months	1
Sex	Female	Color or Race	white	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Robert J. Caple			Father's Birthplace	W. Va.
Mother's Maiden Name	Clara Phillips			Mother's Birthplace	"
Name of person giving information	R. J. Caple			How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Whooping Cough &amp; Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Dyspnoea</i>	How long	<i>8</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos. J. Coonan</i>
		Address	<i>Westminster</i>
Accident or Suicide?			





Name  
in  
Full

Catherine Clingano

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died near <i>Harney</i> Town		County <i>Harro</i>			
Date of death	1906	Month	<i>May</i>	Day	<i>14</i>
Age		<i>88</i>		Years	
Sex		Female		Color or Race	<i>white</i>
Occupation		<i>Housewife</i>		Birth-place	<i>Ind</i>
Where Residing if not at place of death					
Married, Single or Widowed	<i>widow</i>		Name of Wife or Husband	<i>John Clingano</i>	
Father's Name	<i>Caleb P. Sheeley</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name			Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Fletcher Clingano</i>		How related to deceased	<i>son</i>	

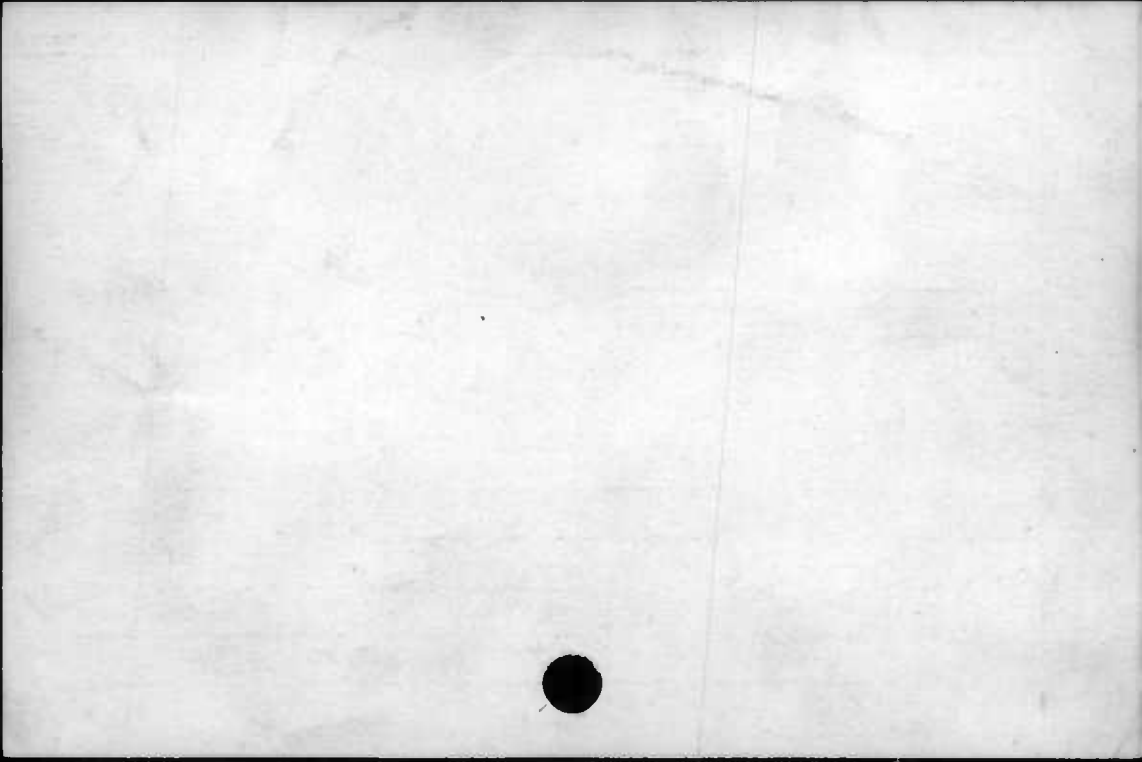
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate	<i>old age</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>L. B. Jones MD</i>
		Address	<i>Lawyer House</i>
Accident or Suicide?			



Name in Full		Leonard Orcitzer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Manchester</i>		Town <i>Carroll</i>		County	
		Date of death <i>1906</i>		Month <i>May</i>		Day <i>12</i>	
		Age <i>83</i>		Years		Months <i>4</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wendell Hall</i>	
		Occupation <i>Retired Farmer</i>		Where Residing if not at place of death		Days <i>19</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or <del>Husband</del> <i>Margaret Laid + Annie M. Cole</i>		Father's Name <i>Ignatz Orcitzer</i>		Father's Birthplace <i>Not Known</i>	
Mother's Maiden Name <i>Margaret Orcitzer</i>		Name of person giving information <i>Caroline Hoffman</i>		Mother's Birthplace <i>vt</i>		How related to deceased <i>Daughter</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Hypertrophy of Heart &amp; Dropsy</i>				How long <i>2 months</i>	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>J H Sherman M.D</i>	
		Accident or Suicide?				Address <i>Manchester</i>	
				Address <i>Ind</i>			



Name in Full

Certificate of Death

Francis J Davis

5/6/VI

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

16

MAY

10

Age

73

4

5-

Male

White

Married

Widow

Divorced

former

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Amos Davis

Mother's

Maiden Name

Sarrak Gabnell

Cause of

Primary

old in infirmities

How long sick

4 m

Death

Immediate

(154)

Accident, Suicide, Homicide

Reported by

James M. McKee, Jr. Undertaker

Address

Woodbine Carroll Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76000



Name  
in  
Full

Andrew Drisch

5/6/77

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Badmans Valley* TownCounty *Carroll*Date of death *1906* Month *May*Day *10* Age *74* Years

Months Days

Sex *male*Color or Race *White*Birth-place *Germany*Occupation *Farmer*

Where Residing if not at place of death

Married, Single or Widowed *married*Name of Wife or Husband *Kereiah Drisch*Father's Name *John Drisch*Father's Birthplace *Germany*

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

*Pneumonia**(93)*How long *2 weeks*

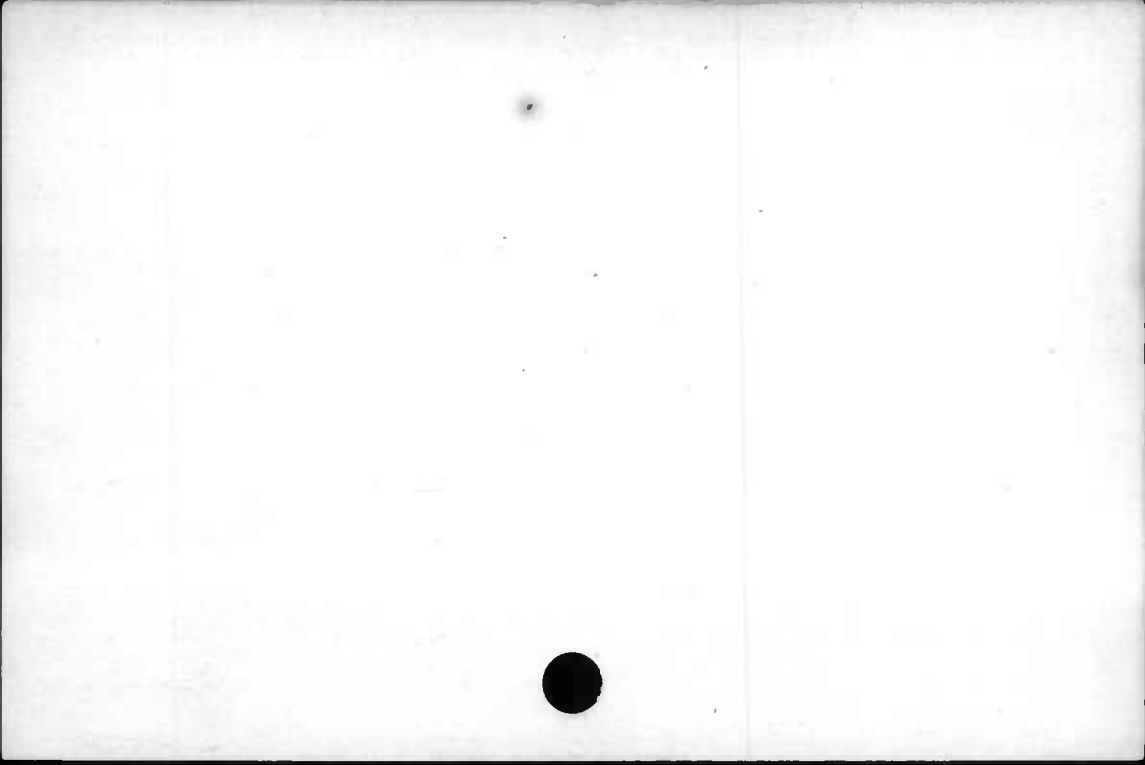
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Ed L. Graft*  
*med. att.*  
*Union Mills Md.*

Accident or Suicide?





Name  
In  
Full

David Henry Heeser

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Silver Run</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>may</i>	Day <i>21</i>	Age <i>70</i>	Years	Months <i>5</i>	Days <i>26</i>	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Retired farmer</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>widower</i>			Name of Wife or Husband				
Father's Name <i>David Heeser</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Mary Study</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>John D. Heeser</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	(79)	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John J. Stewart</i>
		Address <i>Union Mills Ind.</i>
Accident or Suicide?		



Name

In Full

## CERTIFICATE OF DEATH

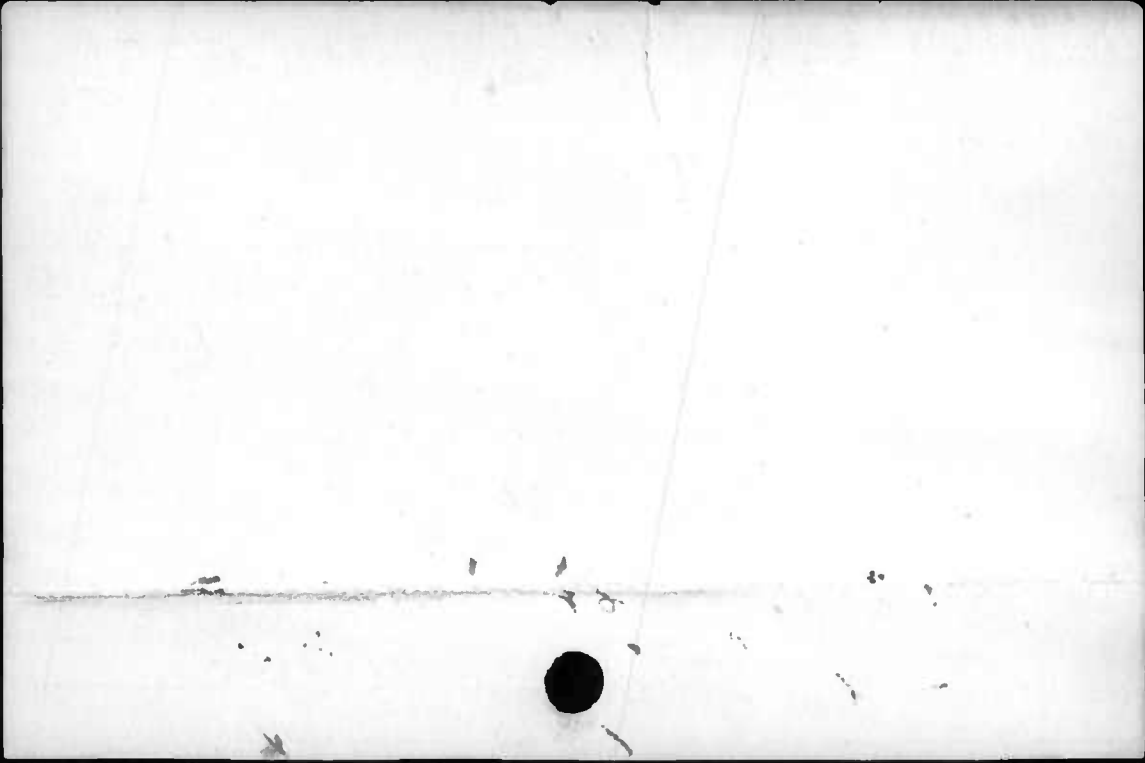
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Danvers</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1906	Month	May	Day	17	Age	68
Sex	Male	Color or Race	Black	Birth-place	Md.		
Occupation	Retired		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband <i>Lena Agnes Hill</i>				
Father's Name	<i>Randolph Holler</i>				Father's Birthplace <i>Md.</i>		
Mother's Maiden Name	<i>Mother's name was F. Trailing</i>				Mother's Birthplace <i>Md.</i>		
Name of person giving information	<i>George A. Trailing</i>				How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>4 days</i>
Immediate	<i>Failure of Respiration</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. H. Jones, M.D.</i>
		Address	<i>Danvers, Md.</i>
Accident or Suicide?			



Name in Full

Certificate of Death

Betlie Francis Frebert,

No. 138

Town

County

Died at Union Bridge

Carroll

MARYLAND

Date 1906	Month 5	Day 26	Y. 46	M. 7	D. 17	Native of Md	Occupation Housewife
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living 2	

Husband of Peter. Frebert,

Father's Name Patrick Tully

Mother's Name Mary, Elizabeth Tully

Cause of	Primary	Carcinoma	How long sick 3 years
Death	Immediate	Heart	Accident, Suicide, Homicide

Reported by H. H. Huber - Brown

Address Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Winter church

Name  
in  
Full

Francis Marion Hall

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Friedensburg**Carmel*

Date

of death *1906*

Month

*May*

Day

*1*

Years

Age *64*

Months

*4*

Days

*—*

Sex

*Male*Color or  
Race*White*Birth-  
place*Friedrich C. Md*

Occupation

*Farming*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Mary C. Hall*Father's  
Name*Joel Hall*Father's  
Birthplace*Friedrich C. Md*Mother's  
Maiden Name*Lucinda Clary*Mother's  
BirthplaceName of person giving  
Information*Marion Hall*How related  
to deceased*Son*

## CAUSES OF DEATH

Primary

*Chronic Interstitial Nephritis*

How long

*6 mos.*

Immediate

*Hypostatic Congestion of Lungs*

How long

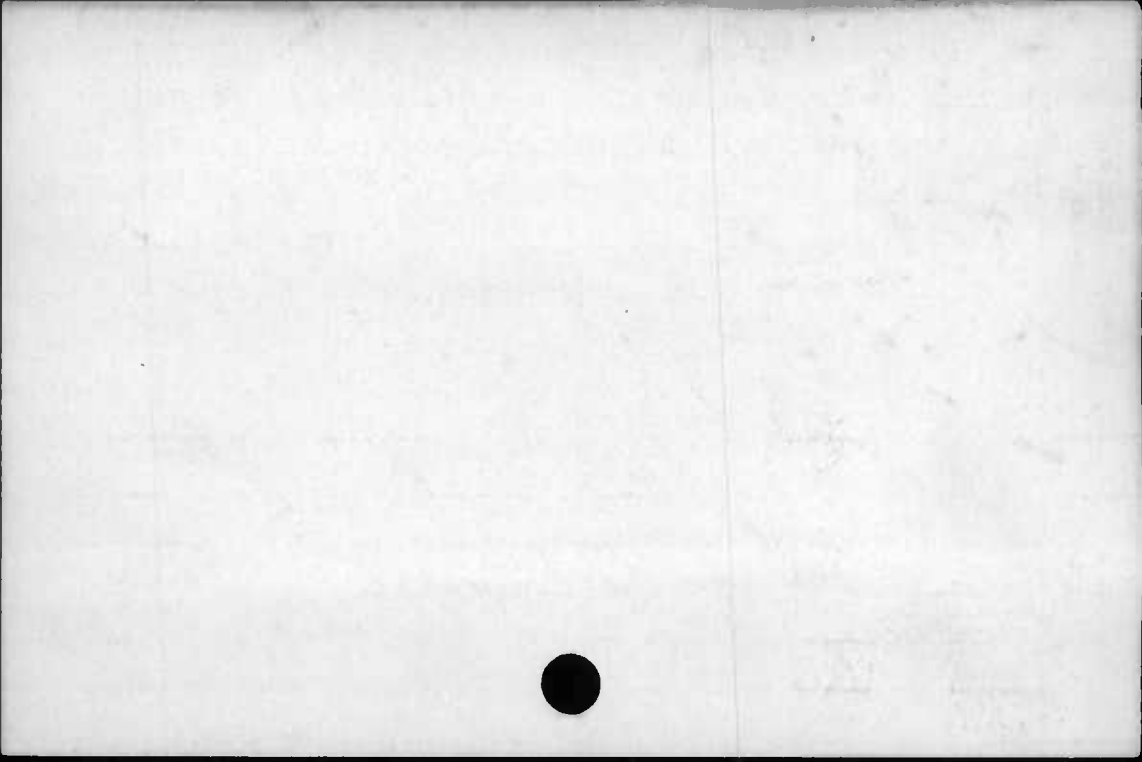
*2 weeks*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*H. M. Seader*

Address

*Reisterstown Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Samuel F. Harman

## CERTIFICATE OF DEATH

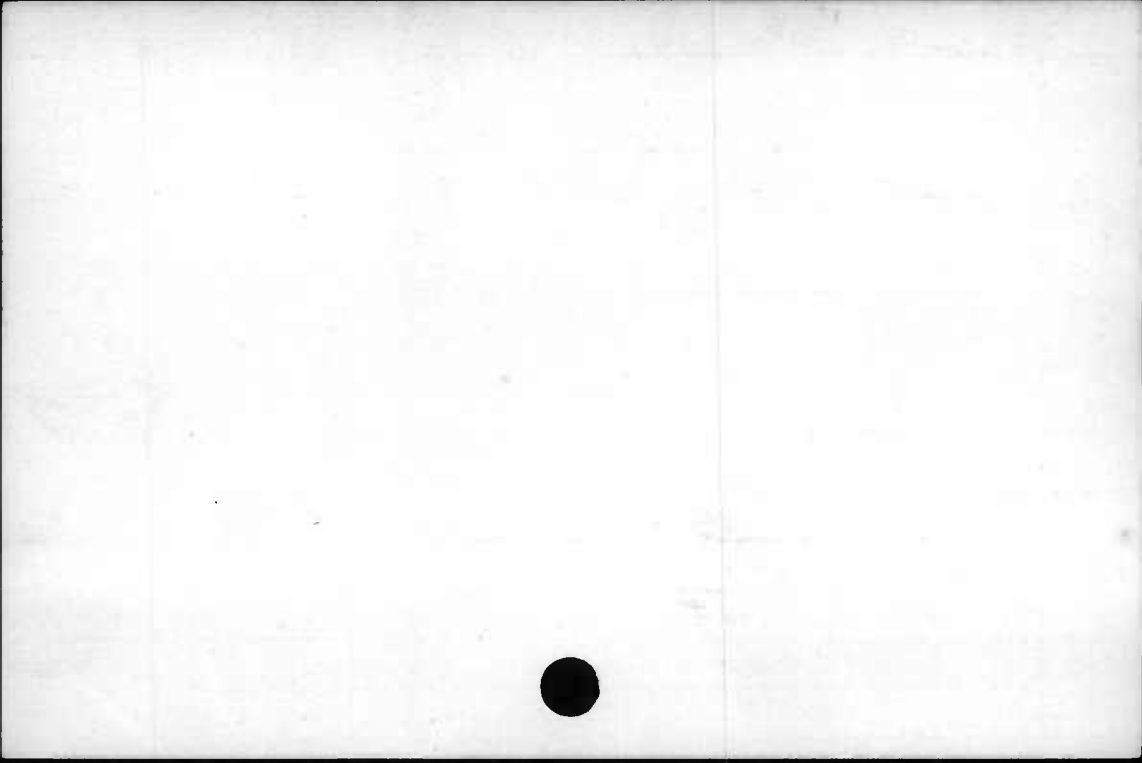
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Laneytown</i> <sup>Town</sup>		<i>Barroll</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>5</i>	Day <i>22</i>	Age Years	Months <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation			Where Residing if not at place of death		
<del>Married</del> , Single <del>or Widowed</del>			Name of Wife or Husband		
Father's Name <i>Edward Harman</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary Haines</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>" "</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>8 months</i>
Immediate <i>Cholera morbus</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Charles S. Rupp</i>
	Address <i>Laneytown Ind</i>
Accident or Suicide?	



Name  
in  
Full

Oliver Handley

No. 20

CERTIFICATE OF DEATH

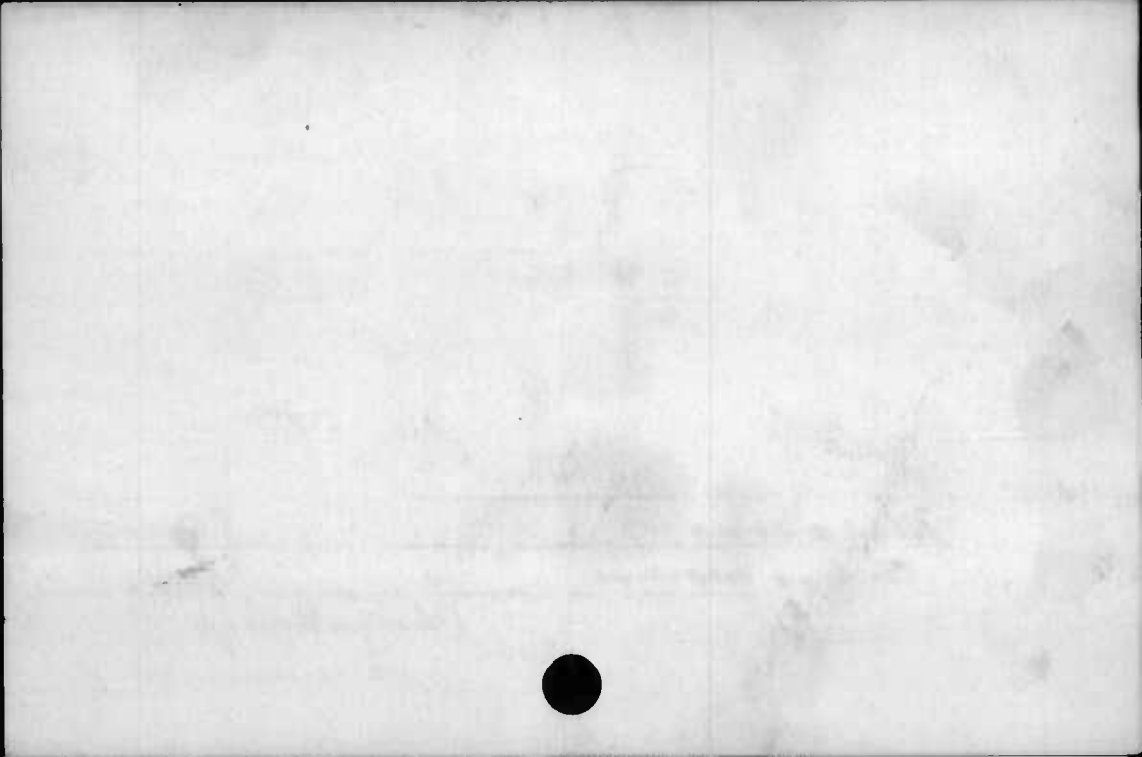
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fryzelburg</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>May</i>	Day <i>17<sup>th</sup></i>	Age <i>48</i>	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co Md</i>		
Occupation <i>Painter</i>			Where Residing If not at place of death <i>Home</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mollie Warfield</i>			
Father's Name <i>Head</i>			Father's Birthplace		
Mother's Maiden Name <i>" "</i>			Mother's Birthplace		
Name of person giving information <i>Mrs Oliver Handley</i>			How related to deceased <i>Wife.</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>(40)</i>	How long
Immediate	<i>Cancer of Stomach &amp;c</i>	How long <i>over one year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jacob Kinchard</i>
		Address <i>Fryzelburg Md.</i>
Accident or Suicide?		



Name  
in  
Full

William N Hook

no 13

## CERTIFICATE OF DEATH

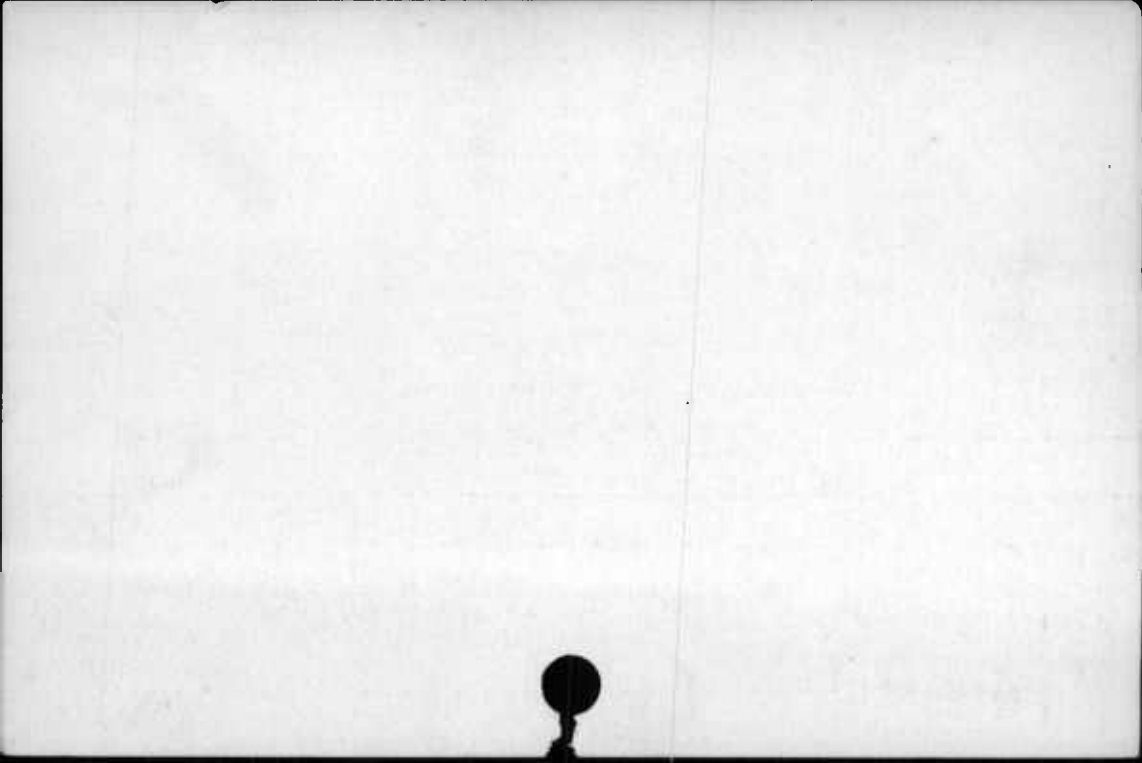
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Shupley</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u>	<u>May</u> <small>Month</small>	<u>5</u> <small>Day</small>	<u>71</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>white</u>	Birth-place	<u>Maryland</u>
Occupation	<u>Retired Farmer</u>		Where Residing If not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Mary D Reese</u>		
Father's Name	<u>James W Hook</u>		Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Rachel Beavers</u>		Mother's Birthplace	<u>II</u>	
Name of person giving information	<u>John Hook</u>		How related to deceased	<u>Son</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Chronic Nephritis</u>	How long	<u>3 yrs</u>
Immediate	<u>Emphysema of Heart &amp; Lungs</u>	How long	<u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Wm D. Wells</u>
<u>Filed 1906</u>		Address	<u>Westminster - Md</u>
Accident or Suicide?			



Name  
in  
Full

Mary Dorothy Hosfeld

14  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Town County  
Died at near Westminster Carroll

Month Day Years Months Days  
Date of death 1906 May 3 Age 67 8 18

Sex Female Color or Race White Birth-place Germany

Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband George A. Hosfeld

Father's Name Frederick Machaley Father's Birthplace Germany

Mother's Maiden Name Not Known Mother's Birthplace "

Name of person giving information George A. Hosfeld How related to deceased Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Old Person Heart Disease How long 6 months

Immediate Heart Failure Dropsy How long 1

Are the name, age, sex, color, date and place correctly given above? NO

Signature of Physician Geo. H. Pellingbush Address Westminster, Md.

Accident or Suicide?

Brummell



Name  
in  
Full

Albert Kroons

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Mt. Union<sup>County</sup> CarrollDate  
of death 1906Month  
5Day  
2Age  
74Months  
6Days  
2Sex  
MaleColor or  
Race WhiteBirth-  
place Mt UnionOccupation  
FarmerWhere Residing if not  
at place of deathMarried, Single  
or Widowed MarriedName of Wife or  
Husband Leiza KroonsFather's  
Name John KroonsFather's  
BirthplaceMother's  
Name Margaret KroonsMother's  
BirthplaceName of person giving  
information Elott KroonsHow related  
to deceased Son

## CAUSES OF DEATH

Primary Mitral Regurgitation

How long 10 yrs.

Immediate Pericardial Effusion

How long

Are the name, age, sex, color, date  
and place correctly given above? yesSignature of  
Physician H. Herman Brown.

Address Union Bridge

Accident or Suicide?

My dear

Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Manchester</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>28<sup>th</sup></i>	Age <i>69</i>	Months <i>1</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Manchester</i>		
Occupation <i>Academy</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>John St. La Motte</i>				
Father's Name <i>John Strubig</i>	Father's Birthplace <i>Carroll Md</i>				
Mother's Maiden Name <i>Margaret Bixler</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>St. J. La Motte</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>6 days</i>
Immediate <i>Heart failure</i>	How long <i>70 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Preston M.D.</i>
	Address <i>Manchester</i>
Accident or Suicide?	



Name  
in  
Full

*Anna M. G. Lawrence*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Silver Run* Town *Silver Run* County *Silver Run*

MARYLAND

Date of death *1906* Month *May* Day *16* Age *71* Years *6* Months *28* Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *Jesse Lawrence*

Father's Name *George Bowman* Father's Birthplace

Mother's Maiden Name  Mother's Birthplace

Name of person giving information *Jesse Lawrence* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

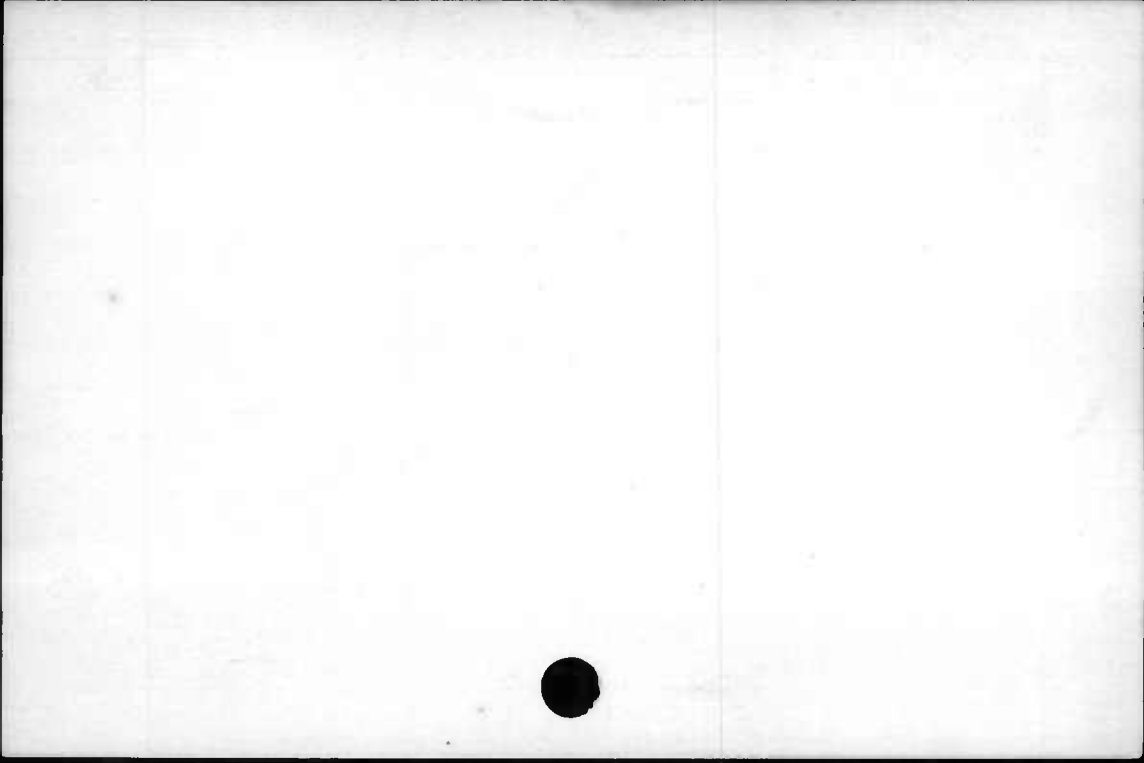
Primary *Senile Degeneration* How long *Ten months*

Immediate  How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. J. Stogard*

Address *Union Mills Md*

Accident or Suicide?



Name  
in  
Full

Margaret A. McKay

## CERTIFICATE OF DEATH

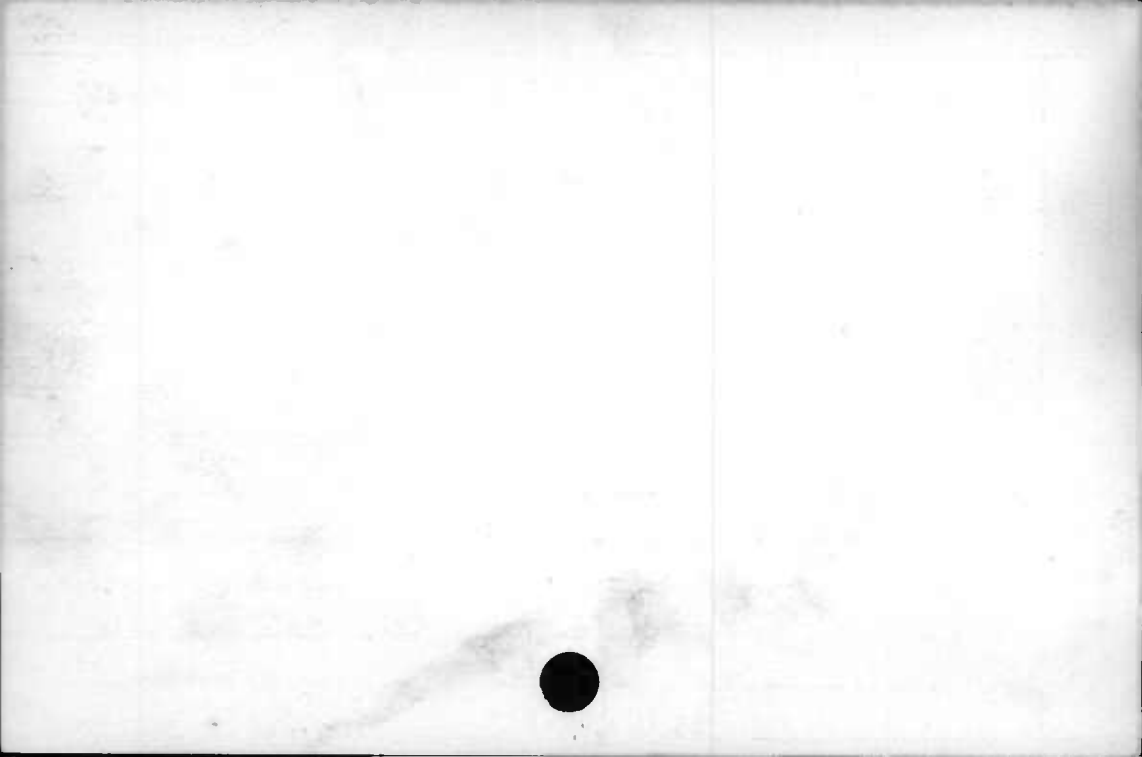
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sykesville</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>May</i>	Day	<i>14<sup>th</sup></i>
Age		<i>60</i>		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Months	
Occupation <i>Domestic</i>		Where Residing if not at place of death		Birth-place	<i>Ind</i>
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Robert Christie</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Mary McClung</i>		Mother's Birthplace <i>Scotland</i>			
Name of person giving information <i>James R. Christie</i>		How related to deceased <i>Nephew</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>over 7 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris M. D.</i>
	Address <i>Springfield Hospital Sykesville, Carroll Co. Md.</i>
Accident or Suicide? <i>-</i>	





Name  
in  
FullNo 19  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Magdaline Myerly</i>		Town <i>New Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>New Westminster</i>		Month <i>May</i>		Day <i>2</i>		Age <i>73</i>	
Date of death <i>1906</i>		Month <i>May</i>		Day <i>2</i>		Age <i>73</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co Md</i>		Months <i>5</i>	
Occupation		Where Residing if not at place of death		Days <i>15</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Head</i>					
Father's Name <i>Jacob Martin</i>		Father's Birthplace					
Mother's Maiden Name <i>Elouise Kuvus</i>		Mother's Birthplace					
Name of person giving information <i>Wagner</i>		How related to deceased <i>Son, Susan</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy - (with paralysis)</i>		How long <i>Several weeks</i>	
Immediate <i>Exhaustion</i>		How long <i>about three days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo H Brown</i>	
		Address <i>New Windsor</i>	
Accident or Suicide?			

Mr. Brown

St. Benjamin Conn  
Stones

Name  
in  
Full

Roosevelt Pool

## CERTIFICATE OF DEATH

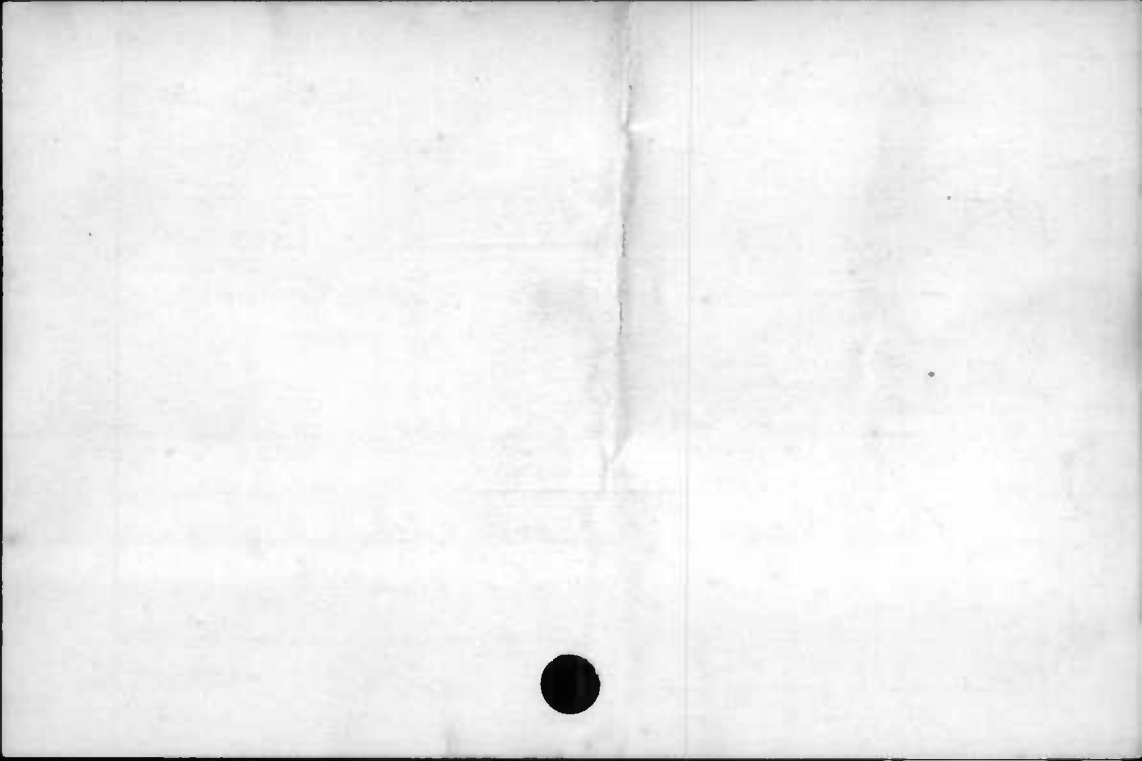
TO BE ANSWERED BY  
NEAREST FRIEND

Died <del>at</del> near <u>Henryton</u>		Town <u>Carroll</u>		County		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>9</u>	Age <u>—</u>	Years <u>—</u>	Months <u>1</u>	Days <u>9</u>	
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>Henryton</u>				
Occupation <u>none</u>	Where Residing if not at place of death <u>same</u>						
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>Jos. Pool</u>	Father's Birthplace <u>N.C.</u>						
Mother's Maiden Name <u>Linda Betz</u>	Mother's Birthplace <u>Va</u>						
Name of person giving information <u>Jos. Pool</u>	(151)			How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Premature Birth 7 mos</u>	How long
Immediate <u>Congenital Debility</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W D Morris</u>
	Address <u>Eldersburg</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

CERTIFICATE OF DEATH

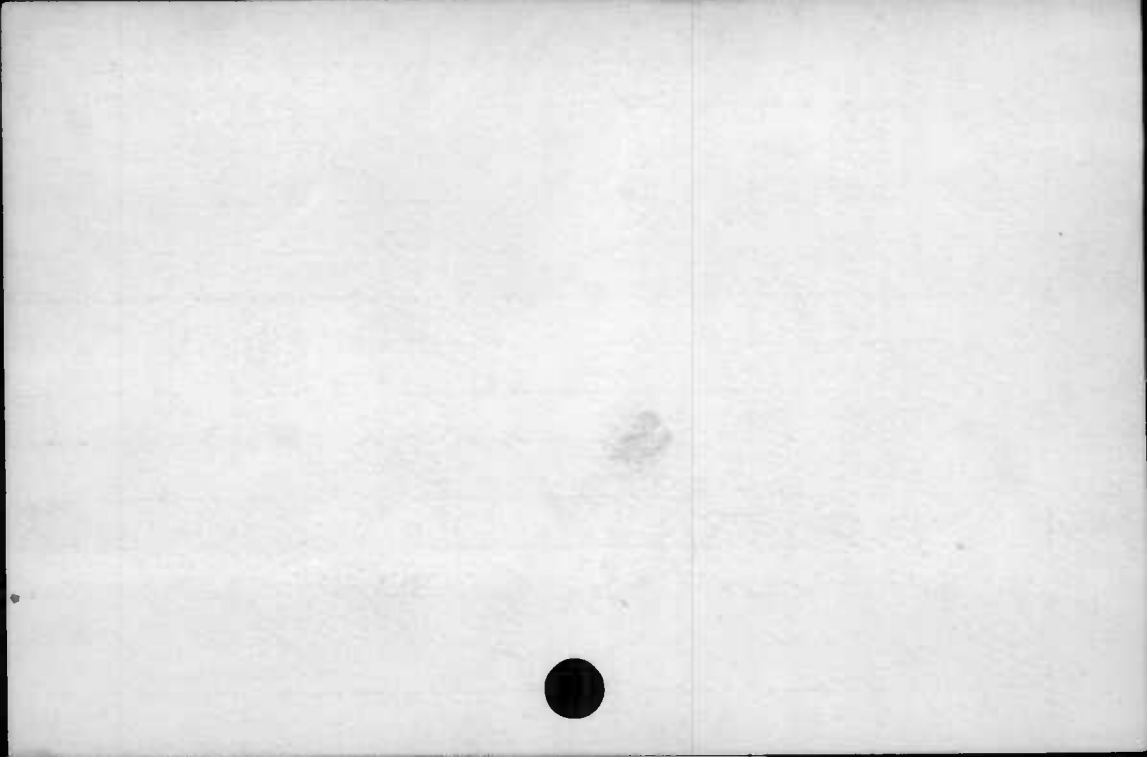
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Arthur Porter</i>		Town <i>Oakland</i>		County <i>Carroll</i>		MARYLAND	
Died at		Date of death 190 <i>6</i>		Month <i>May</i>		Day <i>14</i>	
Age <i>75</i>		Years <i>75</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Sabored</i>					
Name of Wife or Husband							
Father's Name		<i>(27)</i>		Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Frank Sullivan</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>Three months</i>	
Immediate <i>Exhaustion</i>		How long <i>Twenty-four hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. H. Ward, M.D.</i>	
		Address <i>Hamersville</i>	
Accident or Suicide? <i>—</i>		<i>MD</i>	



Name  
in  
Full

Henrietta Roof

NW 17  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at *Triggzsbury* Town *Carroll* County **MARYLAND**

Date of death *1906* Month *5* Day *11* Age *73* Years Months Days *13*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *David J Roof*

Father's Name *Jacob Acher* Father's Birthplace *Germany*

Mother's Maiden Name *Margaret Stevenson* Mother's Birthplace *Maryland*

Name of person giving information *Charles O Roof* How related to deceased *Son*

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

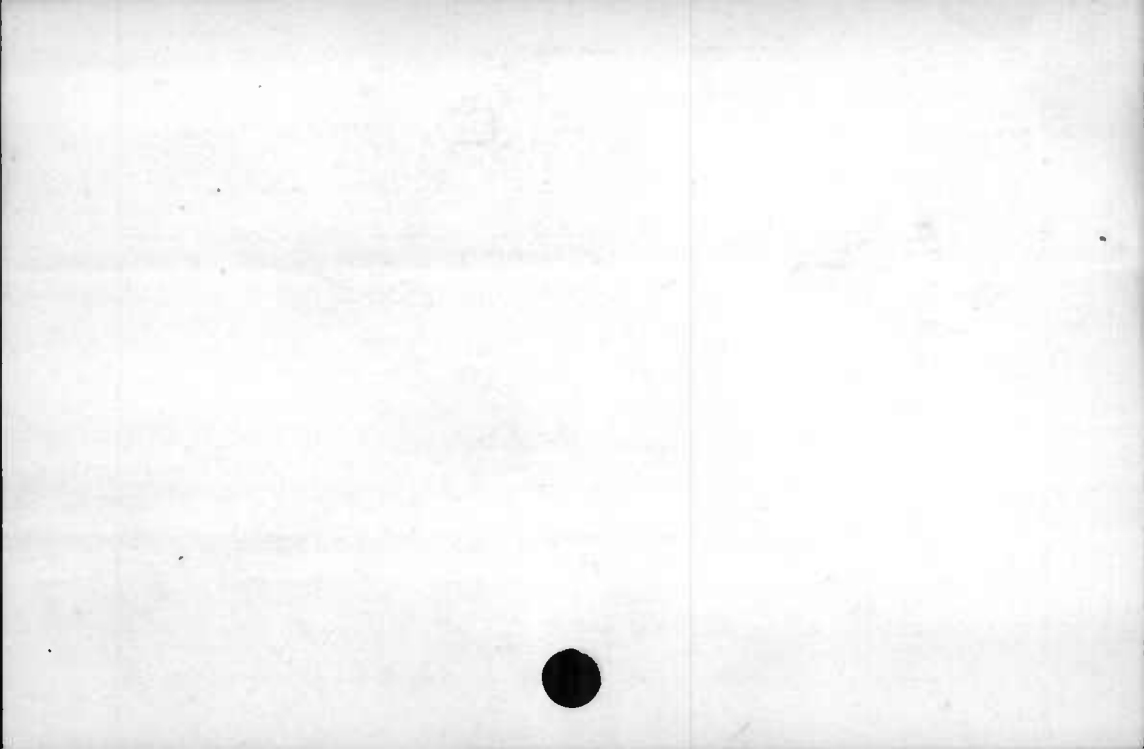
*Jacob Hinchant*  
*Triggzsbury*

Accident or Suicide?





Name in Full		John H. Scrivenor				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		1906	Month	May	Day	8th
				Age	81	Years	81	Months
				Sex	male	Color or Race	White	Birth-place
				Occupation	none	Where Residing if not at place of death	same	Days
				Married, <del>Single</del>	Name of Wife - Margaret Scrivenor			
				Father's Name	-		Father's Birthplace	-
PHYSICIAN OR CORONER		Mother's Maiden Name		-		Mother's Birthplace	-	
		Name of person giving information		Robt. Hughes		How related to deceased	Son-in-law	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Cerebral Hemorrhage				1 day		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				yes		
		Signature of Physician				M D Morris		
		Address				Eldersburg Md.		
		Accident or Suicide?				-		



Name  
in  
Full

Rebecca Shaffer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

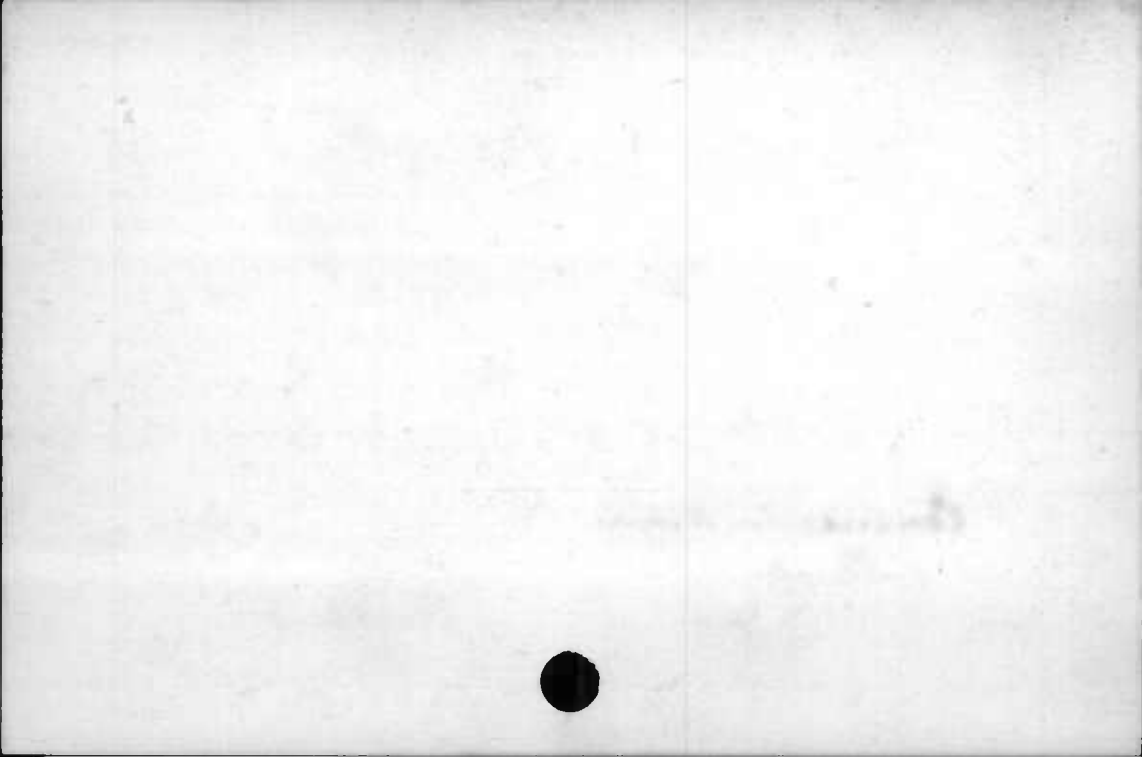
MARYLAND

Died at		Town Line Boro		County Carroll Co			
Date of death		1906	Month 5	Day 4	Age 82	Months 8	Days 18
Sex <del>Female</del>		Color or Race White		Birthplace Pa			
Occupation				Where Residing if not at place of death Line Boro			
Married, Single or Widowed Widow		Name of Wife or Husband Henry F Shaffer					
Father's Name George Ansbacher		Father's Birthplace Pa					
Mother's Maiden Name Christiana Bortner		Mother's Birthplace Pa					
Name of person giving information Henry Shaffer		How related to deceased Son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General Debility - (14)	How long	2 yrs
Immediate	apoplexy	How long	2 months
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. H. Sherman M.D.	
		Address Manchester - Ind	
Accident or Suicide?			



Name  
in  
Full

Frank. H. Sharetts

## CERTIFICATE OF DEATH

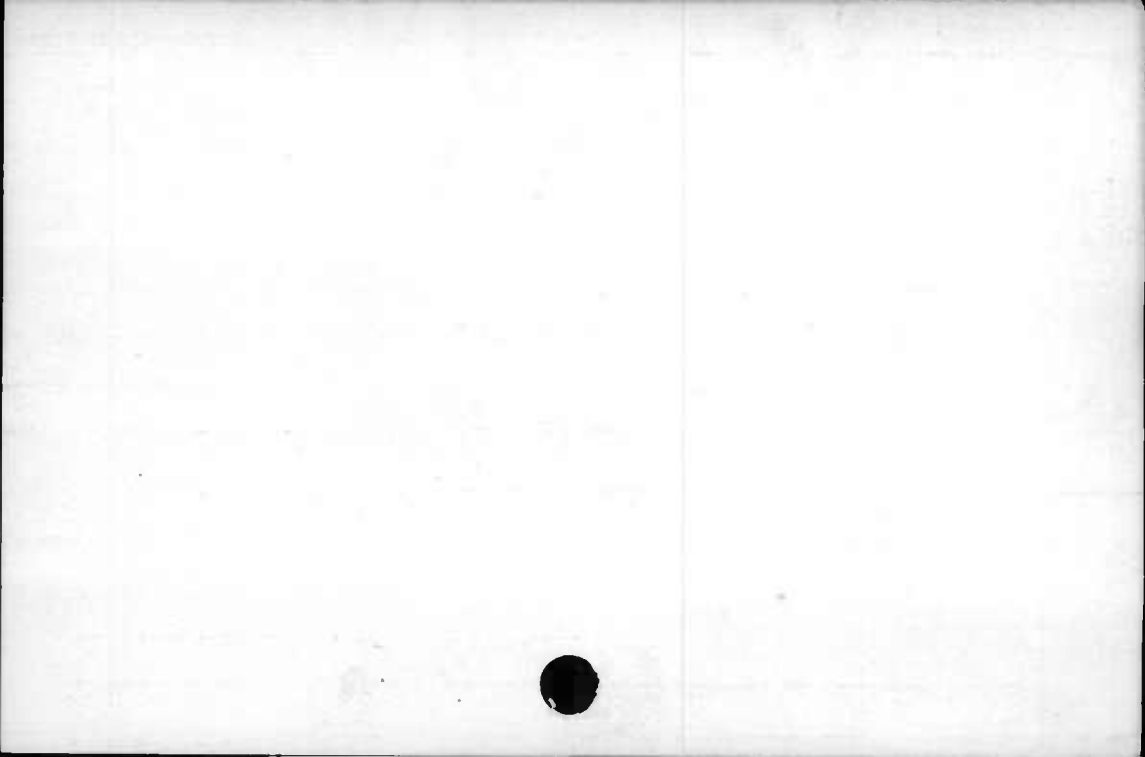
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near Laneytown		Carroll					
Date of death	1906	Month	5	Day	19	Age	Years 45
						Months	1
						Days	28
Sex	Male		Color or Race	White		Birth-place	Ind
Occupation	Laborer			Where Residing if not at place of death			
			Near Bruceville				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Jacob Sharetts			Father's Birthplace	
						Pa	
Mother's Maiden Name			Sarah Burlinger			Mother's Birthplace	
						Pa	
Name of person giving information			Leuther Sharetts			How related to deceased	
						Brother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Concussion Brain	How long	1 1/2 hours
Immediate	Shock	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Charles Hoop	
		Address	
		Tawylaw	
		Ind	
Accident or Suicide?			



Name  
in  
Full

No 18

## CERTIFICATE OF DEATH

Frances S Starr

Town

County

MARYLAND

Died at

Westminster

Carroll

Date

Month

Day

Years

Months

Days

of death

1906

May

12

Age

78

Sex

Female

Color or  
Race

white

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of ~~Wife~~ or  
Husband

William H Starr

Father's  
Name

William Curry

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Martha Shaw

Mother's  
Birthplace

11

Name of person giving  
In formation

Carrie Brundage

How related  
to deceased

Niece

## CAUSES OF DEATH

Primary

Indigestion

How long

10 days

Immediate

Heart Failure

How long

a few minutes

Are the name, age, sex, color, date  
and place correctly given above?

Yes -

Signature of  
Physician

Jas. H. Billingslee, M.D.

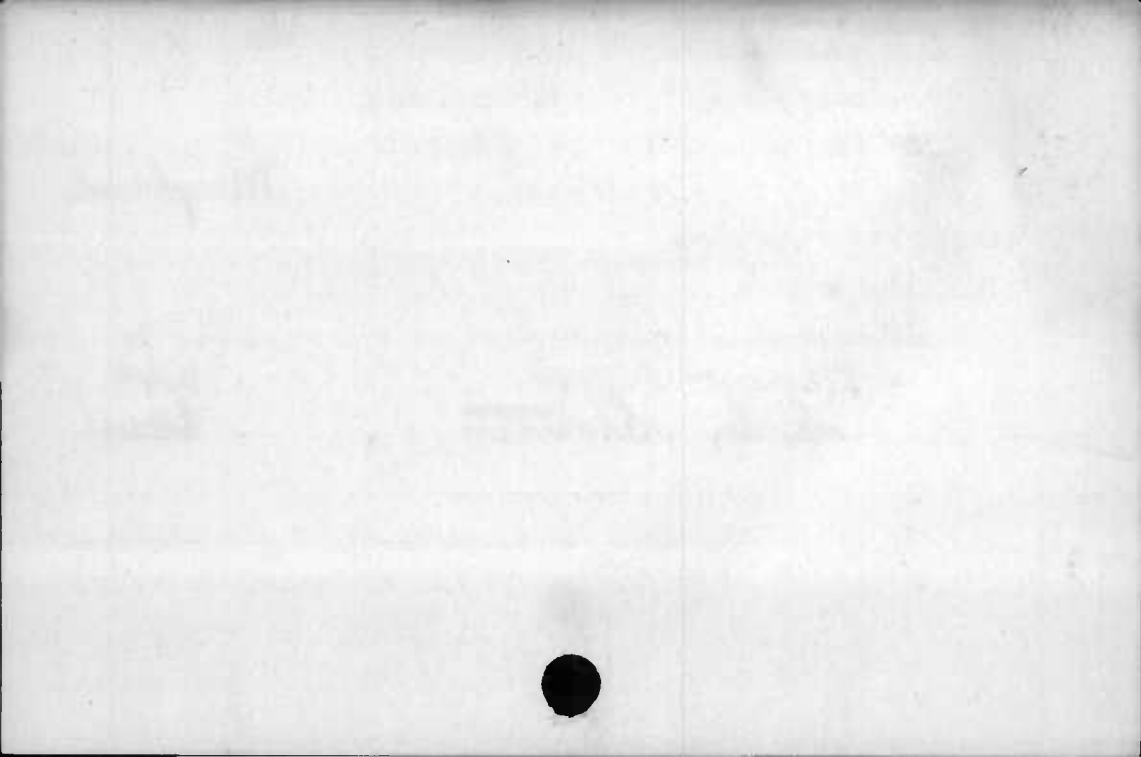
Address

Westminster, Md

Accident or Suicide?

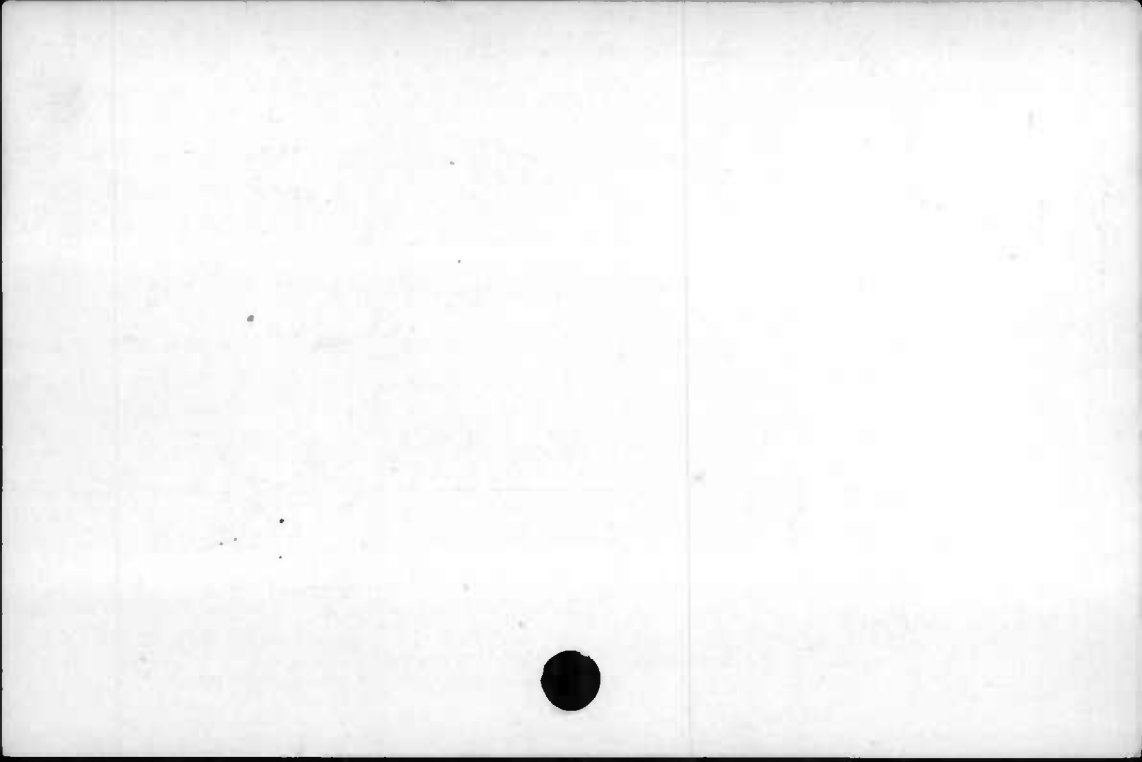
No -

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name in Full		Infant - Stover				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Hobson Brown		County		Carrace	
	Date of death		1906	Month	5 May	Day	16	
	Age		Years		Months		Days	
	Sex		Female		Color or Race		White -	
	Occupation				Birth-place		Hobson Brown	
					Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband				
Father's Name		William J Stover				Father's Birthplace		md
Mother's Maiden Name		Lizzie F Shambrooke				Mother's Birthplace		Pa
Name of person giving information		C. O. Rupp				How related to deceased		niece
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Spina Rigida			How long		(150)
	Immediate		undeveloped condition			How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician		Chas. O. Rupp
						Address		Tarrytown md
Accident or Suicide?								



*Manuel Stover*

14  
CERTIFICATE OF DEATH

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>30</i>	Age <i>73</i> Years	Months <i>4</i>	Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Retired</i>			Where Residing if not at place of death <i>Home</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Maria Royer</i>			
Father's Name <i>Daniel Stover</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Nancy Rook</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>S. C. Stover</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Suicidal Mania</i>	How long	<i>Don't know</i>
	Immediate	<i>Hanging</i>	How long	<i>Don't know</i>
	Are the name, age, sex, color, date and place correctly given above?			
	Signature of Physician		Address	
		<i>Chas. R. Fouts, M.D.</i>		<i>Westminster, Md</i>
Accident or Suicide?		<i>Suicide</i>		

Emanuel Stouer

Name  
in  
Full

CERTIFICATE OF DEATH

Henry B. Strevig,

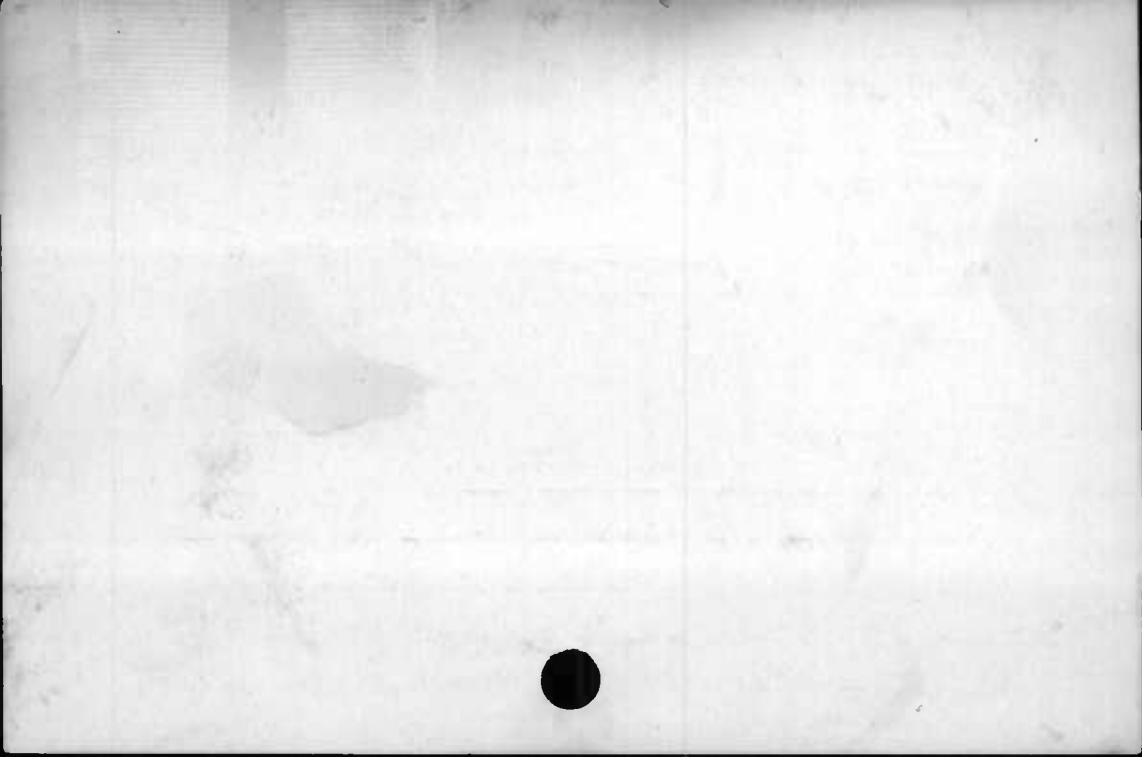
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Lineboro</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1906	Month	May	Day	27th
				Age	80
Sex	Male	Color or Race	White	Birthplace	Balto., Leo. Md.
Occupation	Farmer		Where Residing if not at place of death		
		At Homestead.			
Married, Single or Widowed	Widowed		Name of Wife or Husband		
Father's Name	John			Father's Birthplace	
Mother's Maiden Name	Margaret			Mother's Birthplace	
Name of person giving information	John R. Strevig.			How related to deceased	
A Son.					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senile Gangrene</i>	How long	<i>4 yrs</i>
Immediate	<i>Jaundice</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J. H. Sherman</i>	
		Address	
		<i>Manchester</i>	
		<i>Md</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Joseph Tregellas

Town

County

Died at Union Bridge

Carroll

MARYLAND

1906 Month 5 Day 22 Y. 76 M. 6 D. 22 Native of England Occupation Merchant

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 4

Husband of Mary Tregellas

Father's Name Thomas Tregellas

Mother's Name Mary Tregellas

Cause of Death Primary Heart (Mitral Regurgitation) 2 yrs.

Death Immediate Accident, Suicide, Homicide

Reported by H. Herbin Brown M.D.

Address Union Bridge, Carroll Co.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU 70706

Frederick



Name  
in  
Full

## CERTIFICATE OF DEATH

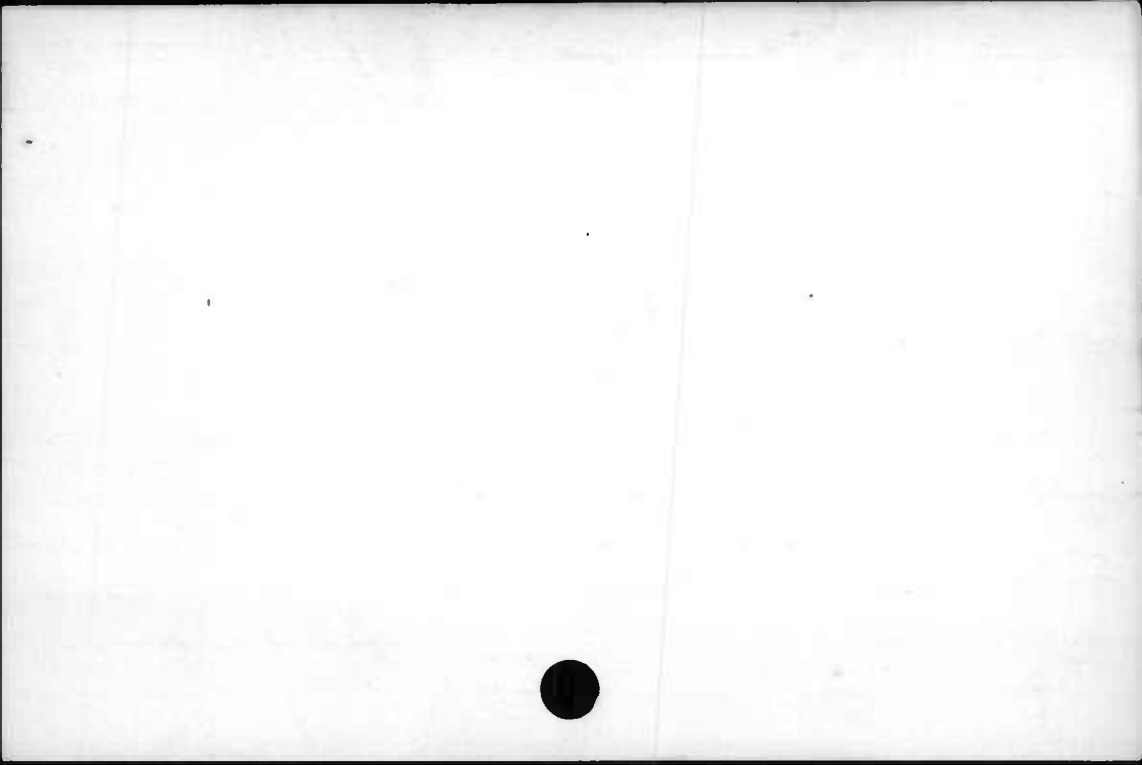
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Taneytown</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1906	Month	May	Day	17
Age	68	Years	3	Months	8
Sex	male	Color or Race	Black	Birthplace	Fred. Co. Md.
Occupation	Retired Barber	Where Residing if not at place of death	Taneytown, Md.		
Married, Single or Widowed	Married	Name of Wife or <del>Husband</del>	Clarina Agnes Hill		
Father's Name	John Trealing	Father's Birthplace	Md. Co. Md.		
Mother's Maiden Name	Elizabeth Hadloway	Mother's Birthplace	Md. Co. Md.		
Name of person giving information	George Trealing	How related to deceased	Son		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cerebral Hemorrhage	How long	2 or 3 years.
Immediate	Reurrence of Cerebral Hemorrhage.	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. Lewis, M.D.
		Address	Taneytown, Md.
Accident or Suicide?			



Name  
in  
Full

Charles William Weaver

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Taneytown

County

Carroll

Date  
of death 1906

Month

5

Day

9

Age

Years

46

Months

9

Days

25

Sex

Male

Color or  
Race

White

Birth-  
place

Ind

Occupation

Physician

Where Residing if not  
at place of deathMarried, ~~Single~~  
or ~~Widowed~~Name of Wife or  
Husband

Nettie A Weaver

Father's  
Name

Edmon H Weaver

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Catherine Troh

Mother's  
Birthplace

Ind

Name of person giving  
Information

Edmon Weaver

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Arterio sclerosis

How long

About a year

Immediate

Droprical Compression + Heart failure

How long

3 or 4 days.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

A. R. Mackenzie

Address

Taneytown, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Emma Wisner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Deep Run<sup>County</sup> Carroll

Date of death 1906 May

Day 13

Age 49

Months

Days

Sex Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Housewife

Where Residing If not  
at place of deathMarried, Single  
or Widowed

Married

Name of ~~Wife~~ or  
Husband

Jacob Wisner

Father's  
Name

Adam Brumgard

Father's  
Birthplace

—

Mother's  
Maiden Name

Catherine Deaser

Mother's  
Birthplace

—

Name of person giving  
Information

David Wisner

How related  
to deceased

54 Brother in law

## CAUSES OF DEATH

Primary

Anemia

How long

Six months

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. H. Sherman M.D.  
Manchester Md

Accident or Suicide?

Ed Giff

Name  
in  
Full

CERTIFICATE OF DEATH

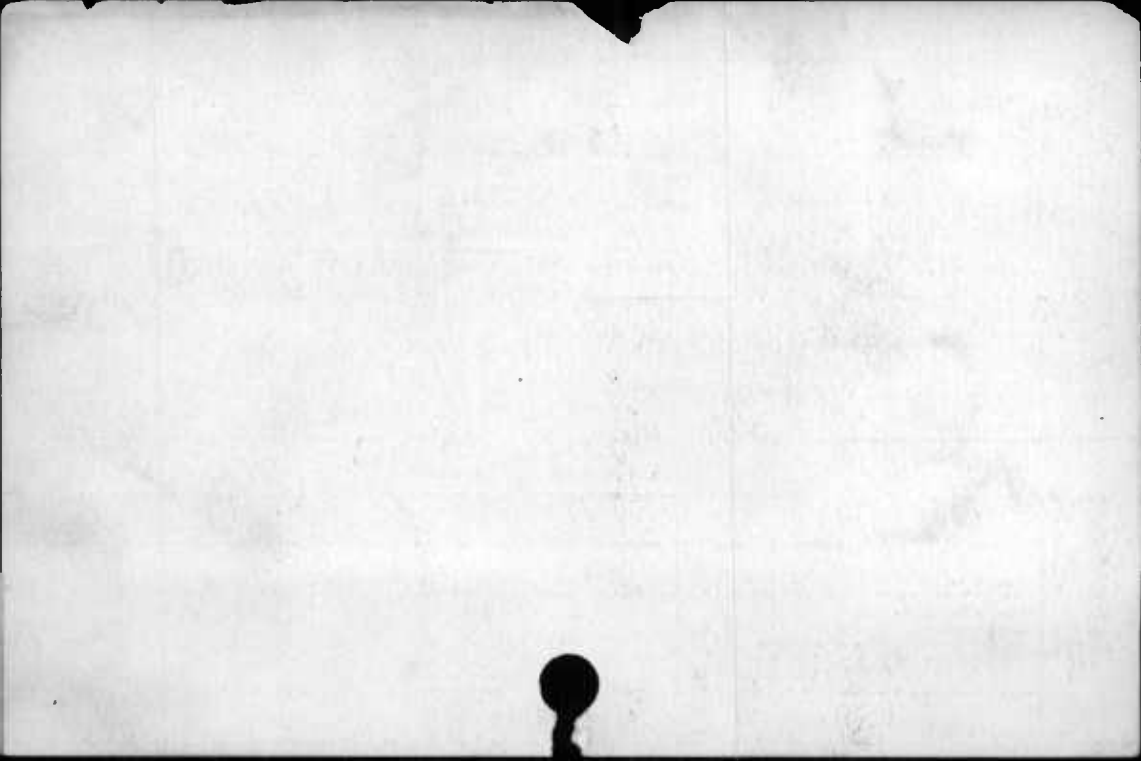
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Book Hill</i> <small>Town</small>		<i>Comell</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	<i>May</i> <small>Month</small>	<i>6</i> <small>Day</small>	<i>179</i> <small>Years</small>	<i>5</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Union Mills</i>
Occupation	<i>Labor H. M. R. R.</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Agnes Gungling</i>		
Father's Name	<i>Leahua Gungling</i>			Father's Birthplace	
Mother's Maiden Name	<i>Mary Gungling</i>			Mother's Birthplace	
Name of person giving information	<i>Arthur Gungling</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Heart disease</i>	How long	<i>4 years</i>
Immediate	<i>Heart failure</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>D. D. E. J. [Signature]</i>
		Address	<i>Union Mills, Md.</i>
Accident or Suicide?			





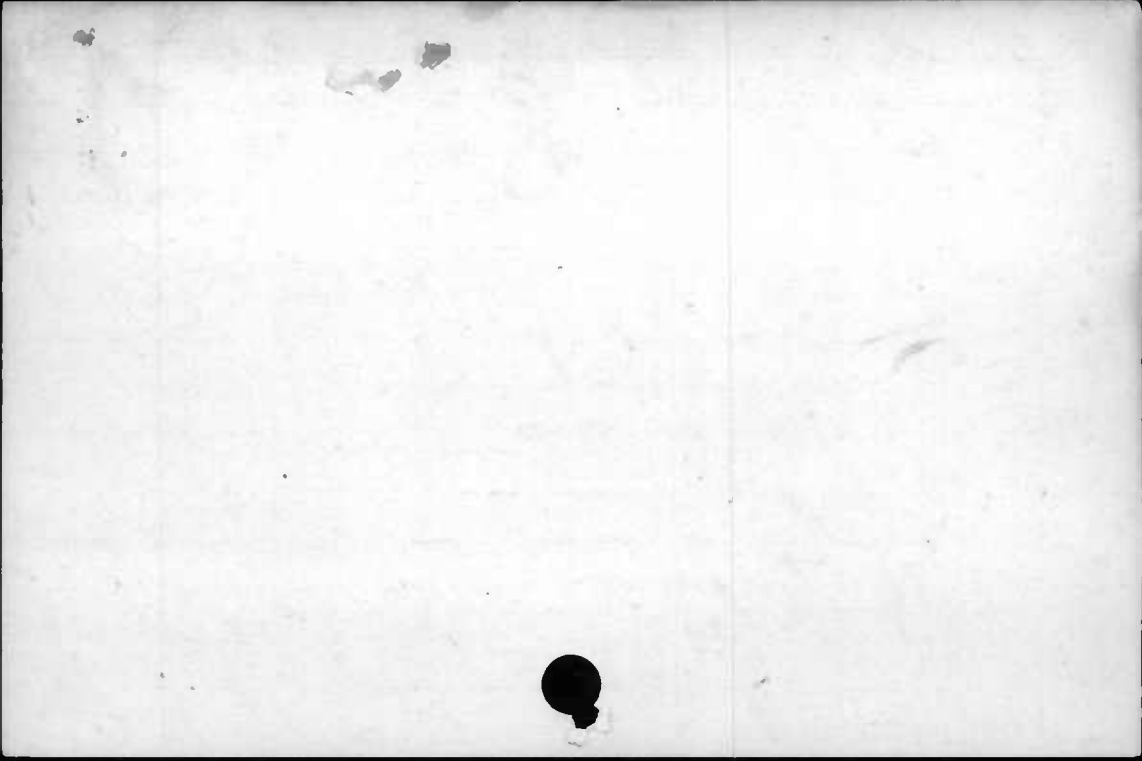
Name  
in  
FullNo 25  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Jeremiah Youngling</i>		Town <i>Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Westminster</i>		Month <i>May</i>		Day <i>1906</i>		Age <i>86</i>	
Date of death		Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>	
Occupation <i>House Carpenter</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Ann. Maria Brown</i>					
Father's Name <i>John Youngling</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Leont Andrew</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Agnes M. Greene</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>	How long <i>4 or 5 days</i>
Immediate <i>Acute Indigestion</i>	How long <i>A few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. Bellingham M.D.</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>No</i>	



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full <b>Chester T. Zepf</b>		County <b>Carroll</b>		CERTIFICATE OF DEATH	
Died at <b>Deep Run</b>		Town <b>Carroll</b>		MARYLAND	
Date of death <b>1906 May 14</b>		Age <b>8</b>		Months <b>6</b> Days <b>19</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Maryland</b>	
Occupation <b>_____</b>		Where Residing if not at place of death <b>_____</b>			
Married, Single or Widowed <b>_____</b>		Name of Wife or Husband <b>_____</b>			
Father's Name <b>John Wesley Zepf</b>		Father's Birthplace <b>Md</b>			
Mother's Maiden Name <b>Hittabridge</b>		Mother's Birthplace <b>Md.</b>			
Name of person giving information <b>John W. Zepf.</b>		How related to deceased <b>Father</b>			
CAUSES OF DEATH					
Primary <b>Diphtheria</b>		How long <b>7 days</b>			
Immediate <b>Diphtheria Toxemia</b>		How long <b>7 days</b>			
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>John Szizler M D</b>			
		Address <b>Melrose Md.</b>			
Accident or Suicide? <b>_____</b>					

Ed. R. H. T.